## APPLICATION FOR WAIVER OF THE CHAPTER 7 FILING FEE FOR INDIVIDUALS WHO CANNOT PAY THE FILING FEE IN FULL OR IN INSTALLMENTS

If you cannot afford to pay the full fee at the time of filing, you may apply to pay the fee in installments. A form Application to Pay the Filing Fee in Installments must be completed. This form is available from the clerk's office. If your application to pay in installments is approved, you will be permitted to file your petition, completing payment of the fee as stated in the order entered granting the application to pay the filing fee in installments.

If you cannot afford to pay the fee either in full at the time of filing or in installments, then you may request a waiver of the filing fee by completing this application and filing it with the Clerk of Court. A judge will decide whether you have to pay the fee. By law, the judge may waive the fee <u>only</u> if your income is less than 150 percent of the official poverty line applicable to your family size <u>and</u> you are unable to pay the fee in installments. 150 percent of the poverty guidelines are listed below.

**Required information.** Complete all items in the application, and attach requested schedules. Then sign the application on the last page. If you and your spouse are filing a joint bankruptcy petition, you both must provide information as requested and both sign the application.

### 150 Percent of the Poverty Guidelines (2015)

| Family Size                   | Annual Income Must be Less Than |
|-------------------------------|---------------------------------|
| 1                             | 17,655                          |
| 2                             | 23,895                          |
| 3                             | 30,135                          |
| 4                             | 36,375                          |
| 5                             | 42,615                          |
| 6                             | 48,855                          |
| 7                             | 55,095                          |
| 8                             | 61,335                          |
| For each additional person ac | 6,240                           |

### Official Form 3B

## Instructions for the Application to Have the Chapter 7 Filing Fee Waived

United States Bankruptcy Court 6/01/2014

### How to Fill Out the Application

The fee for filing a bankruptcy case under Chapter 7 is \$335. If you cannot afford to pay the entire fee now in full or in installments within 120 days, use this form. If you can afford to pay your filing fee in installments, see *Application for Individuals to Pay the Filing Fee in Installments* (Official Form 3A).

If you file this form, you are asking the court to waive your fee. After reviewing your application, the court may waive your fee, set a hearing for further investigation, or require you to pay the fee in installments or in full.

# For your fee to be waived, all of these statements must be true:

- You are filing for bankruptcy under Chapter 7.
- You are an individual.
- The total combined monthly income for your family is less than 150% of the official poverty guideline last published by the U.S. Department of Health and Human Services (DHHS). (For more information about the guidelines, go to <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/Bankruptcy/PovertyGuidelines.aspx.">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/PovertyGuidelines.aspx.</a>)
- You cannot afford to pay the fee in installments.

Your family includes you, your spouse, and any dependents listed on *Schedule J*. Your family may be different from your *household*, referenced on *Schedules I* and *J*. Your household may include your unmarried partner and others who live with you and with whom you share income and expenses.

If a bankruptcy petition preparer helped you complete this form, make sure that person fills out *Declaration and Signature of Non-Attorney Bankruptcy Petition Preparer* (Official Form 19); include a copy of it in this package.

If you have already completed the following forms, the information on them may help you when you fill out this application:

- Schedule A: Real Property (Official Form 6A)
- Schedule I: Your Income (Official Form 6I)
- Schedule J: Your Expenses (Official Form J)

#### Understand the terms used in this form

The Application to Have the Chapter 7 Filing Fee Waived (Official Form 3B) uses you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, this form uses you to ask for information from both debtors. For example, if the form asks, "Do you own a car?" the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

#### Things to remember when filling out this form

- Be as complete and accurate as possible.
- If you have some additional circumstances that cause you to not be able to pay your filing fee in installments, explain them on line 5 of the form.
- If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).
- If two married people are filing together, both are equally responsible for supplying correct information.

Do not file these instructions with your bankruptcy filing package. Keep them for your records.

| Fill in this in           | formation to id     | entify your case: |                    |  |
|---------------------------|---------------------|-------------------|--------------------|--|
| <u> </u>                  |                     |                   |                    |  |
| Debtor 1                  |                     |                   |                    |  |
|                           | First Name          | Middle Name       | Last Name          |  |
| Debtor 2                  |                     |                   |                    |  |
| (Spouse, if filing)       | First Name          | Middle Name       | Last Name          |  |
| United States B           | Bankruptcy Court fo | or the:           | District of(State) |  |
| Case number<br>(If known) |                     |                   | <u></u>            |  |

## Official Form B 3B

# Application to Have the Chapter 7 Filing Fee Waived

06/14

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

| (if | known).   |   |  |                            |  |
|-----|---|---|--|----------------------------|--|
| F   | Part 1: Tell the Court About Y  | our Family and Your F   | amily's Income   |                            |  |
| 1.  | What is the size of your family? Your family includes you, your spouse, and any dependents listed on Schedule J: Current Expenditures of Individual Debtor(s) (Official Form 6J).   | Check all that apply:  You Your spouse Your dependents  | How many dependents?   | Total number of p          | eople  |
| 2.  | Fill in your family's average monthly income.  Include your spouse's income if your spouse is living with you, even if your spouse is not filing.  Do not include your spouse's income if you are separated and your spouse is not filing with you. | value (if known) of any non<br>that you receive, such as fo<br>Supplemental Nutrition Ass<br>subsidies.<br>If you have already filled ou<br>line 10 of that schedule. | spouse's income. Include the cash governmental assistance od stamps (benefits under the sistance Program) or housing at Schedule I: Your Income, see ternmental assistance that you nonthly net income | You  Your spouse  Subtotal | That person's average monthly net income (take-home pay)  \$  \$  \$  \$  \$  \$ |
|     |   |   | ,  |                            | <b>*</b>   |
| 3.  | Do you receive non-cash governmental assistance?  | No Yes. Describe  | Type of assistance   |                            |  |
| 4.  | Do you expect your family's average monthly net income to increase or decrease by more than 10% during the next 6 months?   | No Yes. Explain   |  |                            |  |
| 5.  | Tell the court why you are unable to installments within 120 days. If you h circumstances that cause you to not be fee in installments, explain them.   | ave some additional   |  |                            |  |

| Deb   | otor 1   |                           |                      | Case number      | (if known)                     |         |  |  |
|---|--|---------------------------|----------------------|------------------|--------------------------------|---------|--|--|
|   | First Name Middle Name   | Last Name                 |                      |                  |                                |         |  |  |
| P   | Part 2: Tell the Court About Yo  | our Monthly Expenses      | 6                    |                  |                                |         |  |  |
| 6.  | Estimate your average monthly expenses.  Include amounts paid by any government assistance that you reported on line 2.  \$  |                           |                      |                  |                                |         |  |  |
|   | If you have already filled out <i>Schedule J, Your Expenses</i> , copy line 22 from that form.                               |                           |                      |                  |                                |         |  |  |
| 7.  | Do these expenses cover anyone who is not included in your family as reported in line 1?                                     | ☐ No☐ Yes. Identify who   |                      |                  |                                |         |  |  |
| 8.  | Does anyone other than you regularly pay any of these expenses?  | ☐ No☐ Yes. How much do y  | ou regularly receive | as contributions | ? \$ mont                      | hly     |  |  |
|   | If you have already filled out Schedule I: Your Income, copy the total from line 11.   |                           |                      |                  |                                |         |  |  |
| 9.  | Do you expect your average monthly expenses to increase or decrease by more than 10% during the next 6 months?               | ☐ No☐ Yes. Explain        |                      |                  |                                |         |  |  |
| Pa  | Tell the Court About Yo  | our Property              |                      |                  |                                |         |  |  |
| If you have already filled out Schedule A: Real Property (Official Form B 6A) and Schedule B: Personal Property (Official Form B 6B), attach copies to this application and go to Part 4. |  |                           |                      |                  |                                |         |  |  |
| 10  | Examples: Money you have?  Examples: Money you have in your wallet, in your home, and on hand when you file this application | Cash:                     | \$                   | -                |                                |         |  |  |
| 11.   | Bank accounts and other deposits of money?   |                           | Institution name:    |                  |                                | Amount: |  |  |
|   | Examples: Checking, savings, money market, or other financial  | Checking account:         |                      |                  |                                | \$      |  |  |
|   | accounts; certificates of deposit; shares in banks, credit unions,   | Savings account:          |                      |                  |                                | \$      |  |  |
|   | brokerage houses, and other similar institutions. If you have  | Other financial accounts: |                      |                  |                                | \$      |  |  |
|   | more than one account with the same institution, list each. Do not include 401(k) and IRA accounts.                          | Other financial accounts: |                      |                  |                                | \$      |  |  |
| 12  | . Your home? (if you own it outright or are purchasing it)   |                           |                      |                  | Current value:                 | ¢.      |  |  |
|   | Examples: House, condominium,  | Number Street             |                      |                  | Amount you owe                 | \$      |  |  |
|   | manufactured home, or mobile home  | City                      | State                | ZIP Code         | on mortgage and liens:         | Φ       |  |  |
| 13.   | Other real estate?   | Number Street             |                      |                  | Current value:                 | \$      |  |  |
|   |  | City                      | State                | ZIP Code         | Amount you owe on mortgage and | \$      |  |  |
|   | <b>T</b>   | City                      | State                | ZIF Code         | liens:                         |         |  |  |
| 14.   | The vehicles you own?  | Make:                     | <del></del>          |                  | Current value:                 | \$      |  |  |
|   | Examples: Cars, vans, trucks, sports utility vehicles, motorcycles,  | Model:                    |                      |                  | Amount you owe                 |         |  |  |
|   | tractors, boats  | Mileage                   |                      |                  | on liens:                      | \$      |  |  |
|   |  | Make:                     |                      |                  |                                |         |  |  |
|   |  | Model:                    |                      |                  | Current value:                 | \$      |  |  |
|   |  | Year:                     |                      |                  | Amount you owe                 | Φ.      |  |  |
|   |  | Mileage                   |                      |                  | on liens:                      | \$      |  |  |

| Debtor 1   | First Name                      | Middle Name  | Last Nam      |  | C                               | ase nu  | ımber ( <i>if k</i> | nown)      |                                |  |
|--|---------------------------------|--|---------------|--|---------------------------------|---------|---------------------|------------|--------------------------------|--|
|  | T IIST I VAINC                  | Wildle Name  | Last Hair     |  |                                 |         |                     |            |                                |  |
| 15. Other as   | ssets?                          |  | Describe      | the other assets:  |                                 |         |                     | Current va | lue.                           | \$   |
| Do not include household items and clothing.   |                                 |  |               |  |                                 |         |                     |            | \$                             |  |
|  |                                 |  |               |  |                                 |         |                     | Amount you | ou owe                         | Φ  |
|  |                                 |  |               |  |                                 |         |                     |            |                                |  |
| 40 Manay   |                                 |  | \A//b = = =   |  |                                 | Have    |                     |            | D                              | - P  |
| 16. Money C  | or property di                  | ue you?  | wno ow        | es you the money or propert                                  | y?                              | How     | much is             | owea?      |                                | elieve you will likely receive in the next 180 days? |
| Examples: Tax refunds, past due<br>or lump sum alimony, spousal<br>support, child support, |                                 |  |               |  |                                 | \$      |                     |            | □ No                           |  |
|  |                                 |  |               |  |                                 |         |                     |            | Yes.                           | From the form  |
| maintenance, divorce or property   |                                 |  |               |  |                                 |         |                     |            | ☐ Yes.                         | Ехріаіп:   |
|  | nts, Social Se<br>Workers' com  |  |               |  |                                 |         |                     |            |                                |  |
|  | injury recove                   |  |               |  |                                 |         |                     |            |                                |  |
|  |                                 |  |               |  |                                 |         |                     |            | L                              |  |
| 5  | l                               |  |               |  |                                 |         |                     |            |                                |  |
| Part 4:  | Answer I                        | hese Additio   | nal Ques      | tions  |                                 |         |                     |            |                                |  |
|  |                                 |  |               |  |                                 |         |                     |            |                                |  |
|  | ou paid anyo<br>es for this cas |  | ☐ No          |  |                                 |         |                     |            |                                |  |
|  | out this appli                  |  | ☐ Yes.        | Whom did you pay? Check a                                    | all that app                    | ly:     |                     |            |                                | How much did you pay?                                |
|  |                                 | ckage, or the  |               | ■ An attorney  |                                 |         |                     |            |                                | \$   |
| schedu   | iles?                           |  |               | ■ A bankruptcy petition prep                                 | arer, paral                     | egal, d | or typing           | service    |                                | Ψ  |
|  |                                 |  |               | ☐ Someone else   |                                 |         |                     |            |                                |  |
| 18 Have v  | ou promised                     | to nav or do   | Пи            |  |                                 |         |                     |            |                                |  |
|  | pect to pay s                   |  | ☐ No          | Whom do you expect to pay                                    | 2 Chack a                       | II that | annly:              |            |                                |  |
| service case?  | s for your ba                   | nkruptcy   | <b>—</b> 165. |  | r: Crieck a                     | unat    | арріу.              |            |                                | How much do you expect to pay?                       |
| case?  |                                 |  |               | ☐ An attorney  |                                 |         |                     |            |                                | expect to pay?                                       |
|  |                                 |  |               | A bankruptcy petition preparer, paralegal, or typing service |                                 |         |                     |            |                                | \$   |
|  |                                 |  |               | ☐ Someone else   |                                 |         |                     |            |                                | ¥  |
|  |                                 |  |               |  |                                 |         |                     |            |                                |  |
|  | yone paid so<br>ehalf for serv  |  | ☐ No          |  |                                 |         |                     |            |                                |  |
| case?  |                                 | Yes. Who was paid on your behalf?  Check all that apply: |               |  | Who paid? Check all that apply: |         |                     |            | How much did someone else pay? |  |
|  |                                 |  |               | _  |                                 | _       |                     | и арріу.   |                                | someone else pay:                                    |
|  |                                 |  |               | ☐ An attorney  |                                 |         | Parent              |            |                                | \$   |
|  |                                 |  |               | A bankruptcy petition prep                                   |                                 |         | Brother o           | or sister  |                                |  |
|  |                                 |  |               | paralegal, or typing servic                                  |                                 |         | Pastor o            | r clerav   |                                |  |
|  |                                 |  |               | ☐ Someone else   |                                 |         |                     | e else     |                                |  |
|  |                                 |  |               |  |                                 |         |                     |            |                                |  |
| 20. Have yo  | ou filed for ba                 | ankruptcy  | ☐ No          |  |                                 |         |                     |            |                                |  |
| within t   | the last 8 yea                  | irs?   | Yes.          | District   |                                 | When    |                     | C          | ase numbe                      | r  |
|  |                                 |  |               |  |                                 |         | MM/ DD              | YYYY       |                                |  |
|  |                                 |  |               | District   |                                 | When    |                     | c          | ase numbe                      | PF   |
|  |                                 |  |               |  |                                 |         | MM/ DD              | YYYY       |                                |  |
|  |                                 |  |               | District   |                                 | When    |                     | C          | ase numbe                      | er   |
|  | •                               |  |               |  |                                 |         | MM/ DD              | YYYY       |                                |  |
| Part 5:  | Sign Belo                       | W  |               |  |                                 |         |                     |            |                                |  |
|  | _                               |  |               |  |                                 |         |                     |            |                                |  |
|  | _                               |  |               | are that I cannot afford to pa                               | y the filing                    | g fee e | either in           | full or ir | installm                       | ents. I also declare                                 |
| that the ir  | ntormation I p                  | provided in thi  | s application | on is true and correct.                                      |                                 |         |                     |            |                                |  |
| ×  |                                 |  |               | ×  |                                 |         |                     |            |                                |  |
|  | ure of Debtor '                 | <br>1  |               | Signature of Debtor 2  |                                 |         |                     |            |                                |  |
| Signati  | ALO OL DEDIOL                   | •  |               | Signature of Debiol 2  |                                 |         |                     |            |                                |  |
| Date   | / / DD /YYY                     |  |               | Date   |                                 |         |                     |            |                                |  |